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Military Health System
Health Care Reengineering

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Pharmacy Bank Teller Concept

The Initiative: The Bank Teller Concept (BTC) was implemented at McDonald Army Community Hospital, Fort Eustis, Va., to process prescriptions in a more efficient manner. Prior to the BTC, the pharmacy distributed prescriptions via a single line processing system; the average waiting time was 1-1.5 hours. The BTC utilizes teams of pharmacists and technicians to process the prescriptions at multiple windows and incorporates the provider order-entry module of the Composite Health Care System into the drug distribution system. Patients form a single line and branch off to the next available window to be served. When they are at the window, all of their pharmacy needs are addressed.

The Results: The BTC increased patient satisfaction by: decreasing waiting time by 60 percent, reducing the number of patient pharmacy visits, and improving overall quality of care to patients. The improved pharmacy workflow process also maximizes the use of limited pharmacy personnel and reduces the filled prescription storage requirement and the number of prescriptions returned to stock by 100 percent.

Prescription Refill Pharmacy

The Initiative: The staff at the 55th Medical Group, Offutt AFB, Neb., converted an underutilized satellite pharmacy to a refill pharmacy. By shifting staff to the satellite pharmacy, they expanded the operating hours to 24 hours a day, seven days a week. Call-in prescriptions are now processed during the day, eliminating the need for a nighttime refill shift. A refill program for hospital personnel was set up to eliminate their need to leave work to pick up refills. The pharmacy also revised its walk-in refill policy to provide patients more choices.

The Results: As a result of decentralizing the pharmacy, beneficiaries are receiving faster and better service without expanding the hospital's current resources. The program also increased the satellite pharmacy workload by 100 percent, and increased availability of parking at the hospital by 15 to 20 spaces.

Utilization Practices of Magnetic Resonance Imaging

MRI

The Initiative: The staff at the 74th Medical Group, wright-Patterson AFB, Ohio, analyzed the utilization patterns of MRIs. Provider profiling served to identify high users by volume and procedures. First level chart reviews revealed whether providers were ordering tests in compliance with InterQual criteria. Providers then received a refresher on the standards and criteria for ordering MRIs.

The Results: Primary care physicians increased their compliance with InterQual criteria for ordering MRIs, resulting a over 30 percent cost avoidance— approximately $1,200 per month. It also increased access to MRIs for patients meeting the criteria.

Recognized at 1997's Summer TRICARE Conference!

Ideas From The Field!
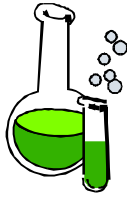
Consolidate Laboratory Services

The Recommendation: Mail-out tests tend to be exceedingly high in cost in comparison to those provided in military laboratories, but are low enough in volume where it is not cost-effective to bring them back in-house. Perhaps one military medical treatment facility (MTF) in each region could be designated to process mail-out tests from other MTFs.

The Results: The designated facility could recoup some of the money spent by the region on mail-out tests, and its personnel would be challenged by more involved testing. Additionally, MTFs currently contracting out for specialized laboratory services (e.g., histology) would no longer have to do so, which should lead to further cost savings.

Refill Pharmacy in the Commissary

The Initiative: The staff at Evans Army Community Hospital, Fort Carson, Colo., established a satellite refill pharmacy in the post commissary.

The Results: Approximately 95 percent of all refill prescriptions are now obtained at the new location. The program has reduced waiting times and congestion at the main hospital, and increased patient satisfaction.

Drug of Choice Physician Reference

The Initiative: The Martin Army Community Hospital, Fort Benning, Ga., combined local utilization data with Pharmacoeconomic Center recommendations to produce a pocket reference booklet. It informs providers about the drugs of choice by class and disease. Approved protocols for high cost drugs are also included.

The Results: Providers know at a glance which medications the hospitals carries when writing prescriptions for patients.

What Is MHS Reengineering?
The Military Health System (MHS) defines reengineering as, "A spectrum of activities from incremental or continuous improvement to radical transformation that critically rethinks and redesigns products and service processes to achieve mission performance gains."

Why Reengineer?
- Improve quality of care
- Streamline patient care delivery processes
- Increase satisfaction of patients and staff
- Decrease health care delivery costs
- Provide consistency of benefits
- Improve the completeness and accuracy of information

Submission of Initiatives
Submissions from the field are critical to the success of the MHS, and everyone is encouraged to participate. Initiatives can be submitted via the World Wide Web, fax, e-mail, and regular mail.

Health Care Reengineering Office Resources
- Best practice information
- Reengineering learning tools
- Displays for conferences & seminars
- World Wide Web site
- Monthly newsletter
- Briefings on reengineering practices & activities

Contact the HCR Staff
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